

WORKFLOW CHECKLIST SEATTLE VISIT

This document will be used extensively during the Orientation meeting in Seattle. Please review and complete this document with as much detail as possible prior to the meeting. It is noted some of the items on this list will need further explanation before decisions can be made. Further explanation will be provided during Orientation.

STAFF - Discuss Staff Rights Explanation and Worksheet

Name	Position	Amount of Training?	Name	Position	Amount of Training?
		Lookup/Print, Accession, Results/Transcribe, Pathologist Sign Out			Lookup/Print, Accession, Results/Transcribe, Pathologist Sign Out
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SECURE DELIVERY SYSTEM

Tax ID Used for Secure Server ID	
Customer Website Link from AIE for customer to put on website for their customer to use to access SDS	
SDS Administrator Who will be the administrator for SDS? This person is responsible for receiving SDS training, reading the Administrator's guide and setting up new SDS accounts, training the end user (customer)	

ACCESSION COUNTERS

	Default # of copies	Volume per year	Description	TEMPLATES
Gynecological Cytology				
Surgical				
Autopsy				
Nongynecologic al Cytology				
Other				

	CYTOLOGY	HISTOLOGY	NONGYN
Accessioning			
Who accessions?			
What time do specimens arrive?			

WORKFLOW CHECKLIST SEATTLE VISIT

Who will print the accession logs and worksheets/gross reports? Are there any other reports printed on a daily basis?			
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DATA ENTRY for Case Entry:

<i>Demographics</i>	CYTOLOGY	HISTOLOGY	NONGYN
Primary Search Procedure What fields do you use as your primary search criteria? Laboratory Preference – present patient demographics with each new case (not just for new patients). Useful feature if part of case data entry is to review existing patient demographics.			
Patient Name Data entry – upper or lower (consistency)			
How is it currently being used? Example: Last Name, First Name (Alias)			
Social Security Number (what is the procedure if SSN is not available? Displays on Missing Information Report)			
Medical Record Number The Patient MRN will appear as a default on the case entry screen; or it can be entered at the Case level – see Requisition section below (today's case only, no future patient look up) User Default Setting: Unique Medical Record Number?			

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DATA ENTRY for Case Entry:

<i>Demographics</i>	CYTOLOGY	HISTOLOGY	NONGYN
Address and phone numbers Will you have this information on the requisitions? Will these be entered? If yes, by whom?			
Risks/Lists: Risk Factors Typically used for gyn cytology			
Patient Lists Typically used for patient studies where you always want to know something about the patient regardless of the results of their current case or prior cases. (i.e. ER/PR patients, patient is a minor – no ssn available)			
Billing Data: Patient / Payor (insurance info) Who will enter this info and at what point? Billing / Billing Interface? Will this be entered while accessioning or later?			
User Fields User Fields provided for additional information.			

<i>REQUISITION</i>	CYTOLOGY	HISTOLOGY	NONGYN
Accession Number: Computer Assigned: number entered on requisition after computer assigns next available number in the designator range Pre-assigned: number written on requisition before accessioning case in computer			

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REQUISITION	CYTOLOGY	HISTOLOGY	NONGYN
Any thoughts on changing the current procedure for workflow improvement? i.e. Computer assigned removes hand-written logs			
Requisition: Clinician Discuss the one Clinician multiple Location setup. Have customer define Location (see Clinician Location below) What is the procedure when the person doing the data entry cannot find the clinician? Is "Unknown" clinician needed? "Unknown" clinician displays on Missing Information report.			
Location Location is where the specimen originated (hospital, out patient surgery, doc office). Specimen origin important for medical billing purposes. Clinicians have "default locations". There can be multiple locations associated with each clinician. Reference file set up: Customer will need to identify to which Location(s) each Clinician should be linked. Customer will need to identify the base number of copies each location should receive. Customer will need to identify the manner in which each location receives their reports: courier/mail hard copy; fax; web Fax number and fax options are stored as part of the Location			
Collected / Received Dates What will the procedure be if Collected Date is not available (displays on Missing			

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REQUISITION	CYTOLOGY	HISTOLOGY	NONGYN
<p>Information Report)</p> <p>User Default to make Collected Date mandatory; but accurate Collected Date is important for medical billing purposes (Date of Service)</p> <p>Discuss how Received Date defaults to today's date but can be overwritten.</p>			
<p>Collected Time</p> <p>Not commonly used</p>			
<p>Received Time</p> <p>Not commonly used</p>			Defaults to current time.
<p>LMP Date</p> <p>Must have month / day / year</p> <p>Should some of the common responses "2 weeks ago", "1 month ago" be built as Menstrual Status options?</p> <p>Should other non-date responses be typed in Clinical History?</p>			
<p>Menstrual Status</p> <p>Default to LMP description based on LMP date AND can pull from risk factor.</p> <p>List of risk factors will be provided for review. Those that should automate a default at the menstrual status prompt should be identified.</p> <p>"Cycle not indicated" (CNI) will default if no LMP. Should CNI be changed to blank when LMP is entered elsewhere (clinical comments)?</p>			
<p>Specimen Type</p> <p>Hard coded descriptions selected from a list. Mandatory entry for specimen section of case management. Mostly used for internal tracking and specimen searches.</p>	<p>Does customer have a list or is a sample list from Cortex needed?</p> <p>Which information (type of specimen or additional information or both) should appear on the final report?</p>	<p>Does customer have a list or is a sample list from Cortex needed?</p> <p>Which information (type of specimen or additional information or both) should appear on the final report?</p>	<p>Does customer have a list or is a sample list from Cortex needed?</p> <p>Which information (type of specimen or additional information or both) should appear on the final report?</p>

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<i>REQUISITION</i>	CYTOLOGY	HISTOLOGY	NONGYN
Additional Information Free text entered in addition to the specimen type selected from the list.		Typically only free text shows on final report. GYN SURGICAL specimens need to be identified to set the flag in the reference file for correlation purposes	Typically both pieces of information show on the final report.
Containers	N/A	Will this be used? Not commonly used. Does not contribute to any base system report.	Will this be used? Not commonly used. Does not contribute to any base system report.
Slide Count	Used to track cytotech statistics. Customer should send a list to Cortex of any clinicians that usually send more than one slide to update clinician reference file with this information.	Not commonly used. Does not contribute to any base system report.	Used to track cytotech statistics.
Procedure Code Not a mandatory field. Used for billing. Can be auto linked to specimen. Procedure codes are usually associated with billing codes (CPT Codes)	Who will enter and at what point? To auto link specimen / procedure code – Customer needs to provide list of links Who updates and at what point the procedure code to identify Pathologist review?	Who will enter and at what point? To auto link specimen / procedure code – Customer needs to provide list of links	Who will enter and at what point? To auto link specimen / procedure code – Customer needs to provide list of links
Frozen performed	N/A	Check this box to identify Frozen Performed (to identify data for base system Frozen/Final Correlation). Will Frozen text be entered in a field	N/A

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<i>REQUISITION</i>	CYTOLOGY	HISTOLOGY	NONGYN
		by themselves or under the Gross section of report?	
Reference Number Any number that needs to be tracked where we do not have a specific field identified for it (i.e. clinician office chart number)			
Clinical History Additional clinical history (500 characters free text)		This information can be edited during pathologist review (Case Maintenance)	

<i>MISCELLANEOUS</i>	CYTOLOGY	HISTOLOGY	NONGYN
Additional Copies Clinician Need any special "clinicians" set up? Medical Record copy, Lab copy Is a generic/one off "Extra Copy" clinician used/needed to generate an additional copy of the report without having to add the clinician to the database.			
Pre-Op Diagnosis		Will this be used? Who will enter? This information can be viewed but NOT be edited during pathologist review	
Post -Op Diagnosis		Will this be used? Who will enter? This information can be viewed but NOT be edited during pathologist review	
Operative Procedure		Will this be used? Who will enter? This information can be viewed but NOT be edited during pathologist review	

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<i>MISCELLANEOUS</i>	CYTOLOGY	HISTOLOGY	NONGYN
Specimen Receipt Description "Gross description" for nongyn			Will this be used? Who will enter it and when?
Facility Used to identify the hospital location if different from Location on Requisition tab. Sometimes Location is very specific for medical billing purposes "Memorial Hospital – In Patient", Facility gives a place to enter a more generic "Memorial Hospital" (could be used for statistics) Also used to pull correct admission when ADT interface is used Will this be used? If yes, need a list			
Room Bed Not commonly used Connected to Admission number provided by ADT interface			
Visit Type Will visit type be used? If yes, need a list			
Medical Record Will default if entered during patient demographics. Can be entered on Case Management for today's case information only ... no future patient look up			
PAP Collection Method Not commonly used since specimen will most like describe collection method (conventional vs. thin prep). But can be used to gather more detailed info (like scrape, brush, spatula)			

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MISCELLANEOUS	CYTOLOGY	HISTOLOGY	NONGYN
Admission Number Manually entered or ADT interfaces may provide this information and provide F3 list for user to select from			
Payor Name Defaults to primary payor entered on Billing tab in Patient Demographics			
User Fields/Dates			
Non Printed Comments “yellow sticky note” meaning it is for internal use only (the sticky note is not part of the final report)			

CODING	CYTOLOGY	HISTOLOGY	NONGYN
Is any coding done after the case is signed out? See Advanced Training: Coding from IPAS screen			
SNOMED Who enters and when?	For gyn cytology the SNOMED can be connected to the Diagnosis Code		
ICD Code Who enters and when?	For gyn cytology the ICD can be connected to the Diagnosis Code		
Special Status Codes Excellent way to track cases proactively when it is known finding the case again in the future is important (i.e. malignant case, Dr. X interesting case). Also used to drive information on the final report such as addendum or amended watermarks. Customer should create list.			

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<i>DIAGNOSIS</i>	CYTOLOGY
Staff Roles	Cortex will discuss how each screener is identified. Will each staff role be used?
Diagnosis Comment	Discuss this is the free text that can appear on the final report ... and it can only appear in one location on the report
QC Non Printing Comments	Discuss free text NOT appearing on final report. Emphasize these comments are permanently stored per screener.
Bethesda Category	Will diagnosis codes be auto linked to a Bethesda/General Category?
Diagnosis Entry	<p>Who enters diagnosis?</p> <p>What is the workflow? When do they get the requisitions/worksheets with the results? When will the results be entered? Is it different for normal vs. abnormal cases?</p> <p>How are the slides for daily QC selected? Should system assisted QC be used?</p> <p>Any improvement necessary in process? (goal: pass slides & requisitions around as little as possible)</p>
Printing Final Reports	<p>What time will final reports get printed?</p> <p>Who prints the reports?</p>
Report Distribution	<p>Who distributes the final reports? What is the distribution procedure? Anything unusual?</p> <p>Anything where system setup can benefit:</p> <p>Print location address on report?</p> <p>Print clinician/location name for each copy of the report when there are multiple destinations (copies to)?</p>
Diagnostic messages	<p>Discuss how Summary link Diagnosis (used for CLIA reports)</p> <p>Who will sign off on correct diagnosis/summary link?</p>
Completed Date	Who enters completed date?
Electronic Review Flag	Will Pathologist Electronically Review?

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<i>Templates</i>	Cytology
Template Checklist	Use Template Checklist to review the details of patient reports

3. Template Checklist.doc

<i>Additional Miscellaneous</i>	Cytology
Slide Labels	Will system be used to create labels? Format provided?
Specimen / Accession Labels	Will specimen/accession labels be printed after each case is accessioned? Standard label for mat is 1X3 dot matrix (other formats may be subject to WASA)
Recall Cards / Reminder Letters / Normal Letters	Complete WASA for each item
CRYSTAL REPORTS	Any potential (CUSTOM) Crystal reports for cytology? Complete WASA for each item

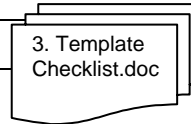
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DIAGNOSIS	HISTOLOGY
Diagnosis: Pathologist, Consultant 1, Consultant 2, Fellow, Resident ID & Date	When will information be entered? It appears on the work in progress lists. Will this information be entered for each section of the case Gross, Micro, Diagnosis Frozen. Discuss use of Consultant 1, Consultant 2, Fellow & Resident to track when other pathologists are involved with the case. <ul style="list-style-type: none"> • Use Consultant 1 to track internal QA (option to have name appear on the report if desired) • Use Consultant 2 to identify pathologist responsible for addendum or amended report (option to have name appear on the report if desired). Also discuss using batch option "Assign Cases To Staff"
Transcriptionist ID & Date	If entered in spreadsheet we can automate the traditional pathologist & transcriptionist initials for each section of the report: TKS:jk 00/00/00
Completed Date Electronic Review?	Who enters the completed date Will pathologist electronically review? Also discuss batch option "Mark/Remove Completed Dates"
MACROS	What method will be used to create final report macros? <ul style="list-style-type: none"> • MS Word (good for placing large amounts of text into specified area of the report, advanced training necessary to make sure macros are stored in a common area for all users) • Perfect Keyboard (3rd party software, can be used elsewhere in system; customer must create these macros) • Cortex macro program? (good for placing large amounts of text into Micro and Diagnosis sections of the report and for adding an ICD and Procedure code on the case)

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<i>Templates</i>	Histology
Template Checklist	Use Template Checklist to review the details of patient reports
Printing Final Reports	What time will final reports get printed? Who prints the reports?
Report Distribution	Who distributes the final reports? What is the distribution procedure? Anything unusual? Anything where system setup can benefit: Print location address on report? Print clinician/location name for each copy of the report when there are multiple destinations (copies to)?



<i>Additional Miscellaneous</i>	Histology
Slide Labels	Print? Format provided?
Specimen / Accession Labels	Will specimen/accession labels be printed after each case is accessioned? Standard label for mat is 1X3 dot matrix (other formats may be subject to WASA)
CRYSTAL REPORTS	Any potential (CUSTOM) Crystal reports for Histology? Complete WASA for each item

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<i>DIAGNOSIS</i>	NON GYN
Staff Roles	Cortex will discuss how each screener is identified
Diagnosis Comment	Discuss this is the free text that can appear on the final report ... and it can only appear in one location on the report
QC Non Printing Comments	Discuss free text NOT appearing on final report. Emphasize these comments are permanently stored per screener.
Diagnosis Category	Will diagnosis codes be auto linked to a Category?
Diagnosis Entry	Who enters diagnosis? What is the workflow?
Diagnostic messages	Discuss how Summary link Diagnosis (used for CLIA reports) Who will sign off on correct diagnosis/summary link?
Completed Date	Who enters completed date?
Electronic Review Flag	Will Pathologist Electronically Review?

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<i>Templates</i>	Non Gyn
Template Checklist	Use Template Checklist to review the details of patient reports
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<i>Additional Miscellaneous</i>	NON GYN
Slide Labels	Print? Format provided?
Specimen / Accession Labels	Will specimen/accession labels be printed after each case is accessioned? Standard label for mat is 1X3 dot matrix (other formats may be subject to WASA)
CRYSTAL REPORTS	Any potential (CUSTOM) Crystal reports for Nongyns? Complete WASA for each item